

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25246

1. Corporation Name

CM ASSURANCE COMPANY

Principal Place of Business

**140 GARDEN STREET
HARTFORD CT 06154**

Mailing Address

**C/O B040
1295 STATE STREET
SPRINGFIELD MA 01111**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90266 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1989

4. FEI Number

06-1182199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o B040
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
AMERICA'S GATEWAY PARK
8725 NW 18TH TERRACE, PENTHOUSE A
MIAMI FL 33172**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **BURKETT, LAWRENCE V JR.**
CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Margaret Sperry**
1.4 CITY-ST-ZIP **1295 State Street**
Springfield, MA 01111

2.1 TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LOMELI, ANN F**
CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE
NAME **SVD**
STREET ADDRESS **REESE, STUART H**
CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE
NAME **SVPA**
STREET ADDRESS **JERMYN, ISADORE**
CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **KLINE, EDWARD M**
CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIES, JOHN B**
CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(413) 744-5373

Daytime Phone #

CR2E034 (1/98)